

**CHESHIRE COUNTY COUNCIL**

**EDUCATION COMMITTEE**



# **REPORT**

**for the year 1964**

**BY**

**The Principal  
School Medical Officer**



**PHILLIPSON AND GOLDBER (PRINTERS) LTD., CHESTER**



## STAFF

### *Principal School Medical Officer:*

ARNOLD BROWN, M.B., CH.B., D.P.H.

### *Deputy Principal School Medical Officer:*

B. G. GRETTON-WATSON, M.A., M.B., B.CH., D.P.H., Barrister-at-Law

### *Senior School Medical Officer:*

R. CARGILL, M.B., CH.B.

### *County Psychiatrist:*

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

### *Assistant County Medical Officers:*

MARY ALLISON, M.B., CH.B.	HILDA LEVIS, M.R.C.S., L.R.C.P.,
JESSIE ANDERSON, M.B., CH.B.,	M.B., B.S., D.P.H.
D.P.H. (part-time)	HILDA LLOYD, M.R.C.S., L.R.C.P.
HELEN BRASS, M.B., B.A.O., B.CH.	MARIE MACCULLOCK, M.B., CH.B.
MARGARET BROOK, B.A., M.B.,	(part-time)
CH.B.	JOAN McCANN, M.B., CH.B.
MARGARET CROSLAND,	(Par-time)
M.B., CH.B.	HAZEL MEACOCK, M.B., CH.B.,
AITOLIA ENGLISH, M.R.C.S.,	D.C.H., D.P.H.
L.R.C.P., M.B., B.S., D.C.H.	DOROTHY MOODY, L.R.C.P.,
JEAN HALLIWELL, M.B., CH.B.,	L.R.C.S.I., D.C.H., D.P.H.
M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H.	L. P. MOORE, M.A., M.R.C.S., L.R.C.P.
ANNE LEE, B.A., M.B., B.CH., B.A.O.,	W. SNAPE, M.R.C.S., L.R.C.P.
D.R.C.O.G.	ELIZABETH SOUTH, M.B., CH.B.
BETTY HINCHLIFFE, M.B., CH.B.	(part-time)
BARBARA JONES M.B., CH.B.	JESSIE TOUGH, M.B., CH.B., D.P.H.
CITA KERSHAW, M.B., CH.B.	MARGARET WINTON, M.B., CH.B.

### *Divisional School Medical Officers:*

Altrincham—E. H. GORDON,	Nantwich—R. K. HAY, M.D., B.CH.,
M.D., B.CH., B.A.O., D.P.H.	B.A.O., D.P.H.
Bebington—H. C. JENNINGS,	N.E. Cheshire—T. W. BRINDLE,
M.B., CH.B., D.P.H.	M.B., CH.B., D.P.H.
Cheadle and Wilmslow—	Runcorn—J. L. PATTERSON,
J. A. LEITCH, M.D., CH.B., D.C.H.,	M.B., CH.B., D.P.H.
D.P.H.	Sale and Lymm—R. STALKER, M.B.,
Crewe—D. G. CRAWSHAW, M.B.,	CH.B., D.P.H.
M.R.C.S., D.C.H., D.P.H.	S.E. Cheshire—L. RICH, M.B.,
Deeside—J. HATTON, M.D., D.P.H.	CH.B., M.R.C.O.G., D.P.H.
Hyde—A. S. DARLING, M.B.,	S.W. Cheshire—W. A. POLLITT,
B.CH., D.C.H., D.P.H.	M.R.C.S., L.R.C.P., D.P.H.
Macclesfield—W. R. PLEWS,	Stalybridge and Dukinfield—
L.R.C.P. & S., D.R.C.O.G., D.P.H.	T. HOLME, M.B., CH.B., D.P.H.
Mid-Cheshire—F. SEYMOUR,	
M.B., CH.B., D.P.H.	

### *Paediatrician (Part-time):*

J. D. ALLAN, M.D., F.R.C.P.

*Ophthalmic Surgeons (Part-time):*

- |  |   |
|--|---|
| J. F. COGAN, M.B., CH.B., F.R.C.S.                     | A. HOLMES-SMITH, M.A., M.B.,<br>B.CHIR., D.O.M.S. |
| J. D. E. EDWARDS, M.B., CH.B.,<br>D.O.M.S., R.C.P.S.I. | E. M. JENKINS, M.B., CH.B., D.P.H.                |
| NORA ENGLISH, M.B., B.CH.,<br>B.A.O., D.O.             | A. K. MITRA, M.B., D.G.O., D.O.                   |
| D. W. ELLIS-JONES, M.B., CH.B.,<br>D.T.M. & H., D.O.   | E. RILEY, M.B., CH.B., D.O.M.S.                   |
|  | DOROTHY SIMMONS, M.B., CH.B.                      |

*Child Psychiatrists (Part-time):*

- |   |   |
|---|---|
| J. ERULKAR, M.B., B.S., D.C.H.,<br>M.R.C.P., D.P.M. | D. M. ZAUSMER, B.Sc., M.B., B.S.,<br>D.P.M. |
| MARIA ROGERS, M.B., CH.B., B.A.O., D.P.M.           |   |

*Orthopaedic Surgeons (Part-time):*

- |                                    |  |
|------------------------------------|--|
| E. M. KUPFER, M.B., B.S., F.R.C.S. | V. H. WHEBLE, M.A., B.M., B.CH.,<br>F.R.C.S. |
|------------------------------------|--|

*Ear, Nose and Throat Surgeons (Part-time):*

- |  |  |
|--|--|
| R. D. STRIDE, M.B., CH.B., F.R.C.S.,<br>D.L.O. | J. M. KODICEK, M.B., B.S., F.R.C.S.,<br>L.R.C.P. |
| O. T. TAYLOR, M.B., CH.B., D.L.O.              |  |

*Consultants in Audiology (Part-time):*

- SIR ALEXANDER EWING, M.A., PH.D.  
I. G. TAYLOR, M.D., D.P.H.

*School Dental Surgeons:*

- |   |  |
|---|--|
| A. F. HELY, C.B., L.D.S. (Principal)        | PATRICIA GASS, L.D.S., R.C.S.              |
| D. M. DODD, B.D.S.<br>(Deputy Principal)    | G. J. HARTLEY, L.D.S.                      |
| A. E. ALLEN, L.D.S., R.F.P.S.               | R. H. HURST, L.D.S.                        |
| EDITH ANDREW, L.D.S.                        | H. JACKSON, L.D.S.                         |
| J. B. ANDREW, L.D.S., R.C.S., B.D.S.        | LISBETH KIPPEN, L.D.S., D.P.D.             |
| J. M. ARANY, M.D., L.D.S., R.F.P.S.         | IRENE KURER, B.D.S. ( <i>part-time</i> )   |
| ELIZABETH BROWN, L.D.S.                     | A. N. LEICESTER, B.D.S.                    |
| J. K. CLARKE, B.D.S.,                       | H. P. MEED, L.D.S.                         |
| BERYL CLARKSON, B.D.S. ( <i>part-time</i> ) | F. R. MORREY, L.D.S.                       |
|   | W. N. L. MORREY, L.D.S.                    |
| DOROTHY COATES, L.D.S.                      | RUTH OWEN, L.D.S.                          |
| G. H. CRAINE, B.D.S.                        | D. J. ROBINSON, L.D.S., R.C.S.             |
| MARGARET DAVIDSON, L.D.S.                   | K. V. SHUTE, L.D.S.                        |
| MARGARET DAVIS, B.D.S. ( <i>part-time</i> ) | E. J. TAYLOR, L.D.S.                       |
|   | MARGARET THOMSON, B.D.S.                   |
| T. P. DYKES, L.D.S.                         | DOROTHY WALKER, L.D.S.                     |
| LORNA FERNLEY, L.D.S., B.CH.D.              | DOREEN WILSON, L.D.S. ( <i>part-time</i> ) |
|   | R. S. WOOD, L.D.S.                         |

*Chief Administrative Assistant:*

- B. O'CONNOR, M.A., Barrister-at-Law

*Health Visitors and School Nurses: 145.*

*Dental Nurses and Attendants: 35. Clerk-Attendants: 19.*

*Speech Therapists:*

RAYLEEN EATON	ELIZABETH SMITH (Part-time)
JUDITH KAY	SUSAN WILLIAMS
MELBA LOYNES (Part-time)	KATHLEEN JONES (Part-time)

*Occupational Therapist :*

ANNABEL NOAKE †

*Physiotherapists :*

RHONA WHITE

*Psychologists :*

ELIZABETH LONG, B.A.

MIRIAM LEE, B.SC., (Part-time) NORA SCOTT, B.A. (Part-time)

J. WALKER, B.A.

*Psychological Social Workers :*

ELLEN HOWITT	PHYLLIS REDFARN
CHRISTOBEL WALKER, B.A.	

*Peripatetic Teachers of the Deaf :*

P. R. BUCKINGHAM,	D. L. PERRY
T. A. HARRISON.	ELIZABETH LAYFIELD.

† Appointed for treatment of children suffering from cerebral palsy

## INTRODUCTION

*To the Chairman and Members  
of the County Education Committee*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1964.

It will be noted that the number of pupils medically inspected during the year fell short of the number for 1963 by 6,767. This was because it was necessary to fill no fewer than eight vacancies for Medical Officers. These appointments were completed by August, but some of the posts, particularly in Mid-Cheshire, were vacant for several weeks of the school year, with inevitable disorganisation of the programme of school visitation and consequent diminution of work done.

The establishment of School Dental Officers has been increased by seven to 35. Not all the posts are filled, the number on the staff at the end of the year being 28 including four dentists working part-time only. Five of the present dental staff are men of long experience in private practice who came with excellent reputations which they have fully justified and maintained. It has been found necessary to appoint a Deputy Principal Dental Officer, who, besides doing clinical work in schools and the dental clinics, visits other clinics and helps the Principal School Dental Officer in his administrative duties, particularly in introducing newly appointed dentists into school work. It will be noted that in his section of this report, the Principal Dental Officer remarks that the standard of dental fitness evinced by school children in the newly developed "overspill" areas is not so high as amongst other Cheshire children.

This report, as is now usual, includes separate sections contributed by a paediatrician, an ophthalmologist, an ear nose and throat surgeon, the County Psychiatrist, the audiological service and the County Public Health Inspector.

It is with regret that I report the illness of Dr. Cargill, the Senior Medical Officer for School Health, who in his brief tenure of office had made an outstanding contribution by his special knowledge and administrative abilities. He has now returned to his duties, but there can be no doubt that the work attached to this post is of such magnitude that it is altogether excessive for one man, however capable, to perform.

The Child Guidance Service has been extended in to the north-eastern part of the county. Apart from the hospital clinics at Clatterbridge and Chester and two sessions weekly at Ellesmere Port and Wilmslow, where the Psychiatrists are supplied by the Regional Hospital Boards, the Psychiatrists in charge of the clinics are officers of the County Council. Dr. Craig remarks in his report that the term "Child Guidance" is a misnomer, this service is really Parent Guidance.



Although immunisations and vaccinations are the function of the Local Health Authority, figures relating to B.C.G. vaccination (against tuberculosis) and diphtheria and tetanus immunisation are given because they refer to work done on behalf of school pupils. Efforts are made to secure that school entrants receive a "booster" dose if they have been already immunised, and there are a large number of pupils who receive their first immunising injection against diphtheria on school entry.

Speech therapy remains an unsatisfactory section of the Schools Health Services, and there were two vacancies for speech therapists almost throughout the year. The employment of speech therapists can usually only be described as transient.

Noteworthy trends shown in the statistical tables are the continued high standard of physical development of the children, the increased number of children receiving spectacles and the diminution of those undergoing operative treatment for infected tonsils and adenoids.

After consultations with representatives of Head Teachers, arrangements were made to reduce the three periodic medical inspections during school life to two. A full examination takes place when a child first enters school and this is repeated at the commencement of secondary education. So far as leavers are concerned, the full routine inspection is now confined to those whose previous medical record warrants it, who have had frequent or prolonged school absence and those for whom full examination is requested by the Head Teacher. All school leavers are, however, seen and interviewed by the medical staff and their visual acuity is checked. Routine tests of visual acuity under the new arrangements are to take place at two-yearly intervals. The consultations regularly held between School Medical Officers and the Youth Employment Officers are found to be most valuable and there must surely be a method of using the vast accumulated knowledge in the Schools Health Service and the special experience of School Doctors in the Industrial Health Services.

Modern times require modern methods of administration and arrangements have been made with the County Treasurer to use the computer for the compilation and sorting of the enormous and increasing bulk of information received weekly in connection with the Schools Health Service and the preparation of the various statistical returns relating to almost 150,000 school children.

It is the aim of the Local Health Authority to ascertain all handicaps from which individual children may be suffering before school entry and, in consultation with the Director of Education to ensure that the best method of education is provided for each of them. This aim is facilitated by the concept of children "at risk" and a continuous register

of these children is maintained in the Health Department. Their surveillance before school entry is the function of the "Young Children's Clinics". This "at risk" register is another subject which will be suitable for computer operation.

It would not be possible to maintain a service such as School Health without the fullest help and co-operation from Head Teachers and teaching staffs. To them all I tender my warmest thanks.

I also wish to express my deep appreciation of the help I have always received from the Chairman and Members of the Special Services Subcommittee, and indeed from all members of the Education Committee.

My most grateful thanks are due especially to the Director of Education and his staff and to the members of my own Department who have, sometimes under difficult circumstances, worked hard and keenly to achieve such noteworthy results.

I beg to remain,

Your obedient servant,

ARNOLD BROWN.

*Principal School Medical Officer.*

6th October, 1965.



## General Statistics

The Administrative County of Cheshire comprised 42 County Districts, namely 10 Municipal Boroughs, 22 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1964 was 981,130.

The total number of schools in the educational area at 31/12/64 with their enrolments was as follows:—

Primary	.....	.....	.....	.....	470	85,015
Secondary (Grammar)	.....	.....	.....	.....	27	22,296
Secondary (Modern)	.....	.....	.....	.....	81	32,711

At the end of 1964 there were 110,980 children in maintained schools receiving school milk (83·65% of those present) and 89,624 receiving school meals (67·65% of those present). Of the 89,624 meals 3,298 were supplied free (2·49% of those present).

## Annual Report of the Principal School Dental Officer, 1964.

### (1) General

The most recent report from the Chief Medical Officer of the Department of Education and Science shows that the increase in the total whole-time equivalent of dental officers in the school dental service continues. Cheshire, in keeping with the rest of the country, shows the same trend, but too many changes occur in staff, both dentists and dental attendants, to gain the maximum productive benefit from these increases. When dental surgeons who have been in the County service for a year or two resign, their places are taken by newcomers who need a varying period of time to accustom themselves to their new duties and to fresh administrative procedures, and when new dental attendants are appointed to work with these newcomers it is some time before the team becomes a smooth running, organised unit. This is particularly noticeable in the young dentists who are appointed when recently qualified. Their aims and ideals are above criticism, their professional skill and knowledge is sound, but their experience in organising their time and as exodontists is limited. It would appear that this limitation in experience of tooth extraction is due to the fact that there is now a national appreciation and awareness of the importance of dental health and many patients are available for conservative work during the students' training, but too few for wide experience in extractions to be gained.

This means that for some time the services of an experienced dental officer must be available as an anaesthetist during sessions when general anaesthetics are being given, and when a doctor anaesthetist might be employed.

The school population continues to grow and it has not yet been possible to establish a regular, yearly inspection and treatment rota for all children. Many children who are shown as not dentally inspected during the year are children who come from areas outside Cheshire during the year and who arrive after the school which they attend has been routinely inspected.

The provision of an efficient dental service for the small rural schools presents a problem which has yet to be solved, and although the establishment of many new clinics is welcomed, the difficulty of staffing them to the best economic advantage is a long term policy to be organised when an assessment can be made of their use by the public. Some mothers will take their children several miles to a clinic which is close to a 'bus route and shopping centre, rather than use the facilities offered in a clinic close to their homes to which they have to walk.

The increase in the establishment of dental officers and attendants from 28 to 35 was very much appreciated. A more realistic ratio between dental officers and school population now exists and the greater freedom for planning expansion is a great help.

A reasonable standard of dental fitness has been maintained throughout the County during the year, and it is interesting to note that dental officers who are dealing with overspill populations agree that the standard of dental fitness seen in these children is not as high as that seen in the mouths of children who have resided in the County for a long time. Since these comments are made by County dentists of long service, who are experienced enough to make this general assessment, they are worthy of attention.

Mr. J. B. Andrew, the senior dental officer in charge of the Ellesmere Port dental clinic, attempted a survey on dietary habits of children. His efforts in this direction deserved greater co-operation from parents. A short summary of his efforts is attached to this report.

I am pleased to report that the liaison existing between the two dental hospitals at Liverpool and Manchester, already firmly established, has shown a stronger and closer tie during the year.

I have been invited by the Liverpool University to join the Joint Committee on Post-Graduate Dental Education. A study group has been formed at the Manchester Dental School which meets regularly in the evening for the purpose of discussing problems and ideas associated with children's dentistry. This group is composed of members of the hospital staff, public dental officers and dentists from the general dental services.

The Cheshire Local Dental Service Committee also include me in their membership, to our mutual advantage.

Assistance from the hospitals at Clatterbridge and Chester has been afforded us, as usual, and we are grateful to the dental staffs in these hospitals for their help.

## **(2) Staffing**

Four whole-time dental officers resigned during the year. Mr. Sheasby, who had been employed by the County for many years, resigned to take a post as Principal Dental Officer to the Bedfordshire County Council. Miss Madgett resigned to emigrate to Australia; Mrs. Leather sailed to Rhodesia with her husband; Miss Dunn followed her husband to Leicester.

These were four experienced dental surgeons whose loss was felt. We were fortunate enough to recruit four whole-time dental officers to replace these losses.

Two part-time dental officers also joined the staff in addition to the three already employed.

There were 25 applicants for posts during the year. Of these, 14 were from men and 11 from women. Four of the men were appointed to whole-time posts, one took up his appointment in 1964, the remaining three will begin duties in 1965.

Five women were appointed on whole-time appointments. Four took up their appointments in 1964 and one begins duty in 1965. One of these women resigned before completing a year's service.

The remaining 10 candidates wished to offer their services in a way which was not acceptable or they themselves were too old to be considered for appointment.

## **(3) Courses**

Authority, for which we are most grateful, was granted for two dental officers to attend a post-graduate course on Treatment Planning. The two dental officers selected to attend this course were both experienced and had been on the dental staff for over ten years. They reported most favourably on the organisation and composition of the programme.

## **(4) Dental Health**

The Dental Health Trailer, which is organised by the General Dental Council, was again used at the Cheshire and Altrincham Shows and, as in the previous year, a good deal of interest was shown in it.

It was, however, depressing to notice that nearly every child examining the exhibits and listening to the talks on dental health was sucking or chewing some kind of cariogenic material, despite the warnings which the exhibits and instructors in dental health were demonstrating.

Greater efforts to propagate dental health have been made during the year and talks to mothers at clinics, dental health films and minor exhibitions in clinics have increased.

## **(5) Statistics**

### *(a) Staff*

The overall numerical strength in terms of whole-time dental officers for the year was 24.7 plus the Principal Dental Officer, an increase of 0.2 compared with 1963.

On analysis, 19 dental officers plus the Principal Dental Officer completed a full year of whole-time service, which is one less than the figure for 1963. Of the whole-time staff, eight dental officers did not complete a full year, four of these were dentists who left the County and four were dentists who joined the Service in the course of the year.

Three part-time dental officers completed a full year of part-time service and two dental officers joined the staff in a part-time capacity during the year. This figure shows an increase of two and one respectively on the figure for 1963.

### *(b) Inspections*

The school population numbered 146,004, compared with 140,395 in the preceding year. Of this number, 106,337 or 72.8% were dentally inspected during the year. Despite the rise of 5,609 in school population, this figure shows an increase of 0.7% on figures for the previous year.

Of the children inspected, 56.2% were found to require treatment, which is 1.5% lower than the figure for 1963.

Children actually referred for treatment numbered 87.5% of those found to require treatment. This figure compares with 88.04% for the previous year.

As I have stated in previous reports, the difference between the figures showing children found to require treatment and those actually referred is explained by the fact that all dental lesions seen in the mouth of a child at a school inspection are recorded, but in some cases there is no need to carry out immediate remedial treatment, nor would it be advisable.

### *(c) Children Treated*

The percentage number of children accepting treatment from the County dental surgeons was 53.7% of those referred. This figure includes those who accepted routine treatment late in 1964 whose treatment was not started until 1965. Compared with the acceptance rate for 1963, this figure shows a decrease of 1.5% due, in my opinion, to



two main reasons. Firstly, the changes in staff, which have been greater this year than in preceding years and which causes a disruption in the smooth running of any dental service. Secondly, the new population in overspill areas which has not yet accustomed itself to its new environment and the services offered.

A record of the number of children who are receiving treatment from their family dentist shows that 31.6% of the children referred for treatment by the school dental surgeon were in this category. This figure compares with 31.4% in the previous year.

#### *(d) Fillings and Extractions*

A comparison of the number of permanent teeth extracted with the number of permanent teeth filled shows a continuance of the trend noticeable for some years, namely that more permanent teeth were filled than extracted. For every permanent tooth extracted in 1964, 4.5 permanent teeth were filled. The figure for 1963 was 1 permanent tooth extracted to 4.3 permanent teeth filled.

A similar slight increase is noticed in the temporary dentition, for every temporary tooth extracted, 0.46 temporary teeth were filled, which compares with 1 temporary tooth extracted to 0.40 temporary teeth filled for 1963.

The number of permanent teeth extracted per 100 children treated was 27.1, which is 1.8 less than in the previous year. I would like to think that this is an indication of a better appreciation of the advantages of dental health. Temporary teeth extracted per 100 children treated amounted to 75, which shows an increase from 74 in the preceding year. This increase may well be accounted for by the increase in the overspill population in some areas where young families predominate.

The number of permanent teeth filled per 100 children treated amounted to 123.1, the comparable figure for 1963 being 122.2.

Temporary teeth filled per 100 children treated numbered 35.1, compared with 29.8 in 1963.

#### **(6) Orthodontic Treatment**

Orthodontic attendances in County clinics numbered 2,166 and 174 cases were completed. In addition, 236 cases were referred for consultant advice and treatment to the Dental Hospitals and other specialist orthodontists.

#### **(7) Dentures and Other Operations**

Dentures were fitted in 272 cases during the year, which is 21 more than in the previous year. This figure should be read in conjunction with the increase in school population from outside areas and the fact that a number of these dentures were supplied to replace anterior teeth, which had been lost or badly fractured as the result of an accident.

Crowns were fitted in 15 instances during the year and inlays in nine cases. Other treatments which include scaling and polishing teeth and dressings, totalled 20,134.

#### **(8) Holiday Appointments**

These were again reasonably well kept and 69% of appointments made were kept, which is a slight increase on the figure for the previous year.

#### **(9) Special Schools**

Residential schools at Grappenhall, Torpenhow, Capenhurst and Massey Hall were all inspected and the necessary dental treatment given to the children.

Children attending Junior Training Centres were also inspected and dental treatment was carried out when accepted by the parents.

#### **(10) Clinics**

All County clinics were inspected during the year. Equipment was renewed when necessary and additions, such as air turbines, were installed in older clinics when it was considered that full use would be made of them. All new clinics are routinely supplied with this equipment and the clinics give great satisfaction to those who work in them.

#### **(11) Auxiliaries**

The first auxiliary to be employed by the County began her duties in September. She was employed at Ellesmere Port, where I hoped to form some opinion of her work and value and where the necessary supervision required by law could be made readily available. She had been well trained in the duties which she was allowed to carry out and was very successful in treating the young children allocated to her. Her work in the realm of teaching dental health was excellent, but she did not remain with us long enough to assess her real value. She was a native of London, had left her fiancé in London and really did not settle in Ellesmere Port. She resigned in February to return to London to get married. It is hoped that a further auxiliary will join in September, and since she is domiciled in Northwich she may settle down more successfully than her predecessor.

#### **(12) Acknowledgements**

I would like again to record my thanks to Headmasters, Teachers and School Secretaries throughout the County for their willing help and co-operation on all occasions.

The courtesy, help and guidance which is always available to me from the Principal School Medical Officer is deeply appreciated.

As in the past, the Chief Administrative Officer and the staff of the Medical Officer's Department have been most helpful and efficient in dealing with the numerous requests made for assistance and for this we are very grateful.



## Clinic for Preventative Dentistry

*By Mr. J. B. Andrew, L.D.S., B.D.S.*

Much has been written about the fact that dentists are chiefly engaged in remedying the ravages of dental decay when much of it is avoidable if parents would regulate the diet of their children and, within reason, control their intake of sweets and excessive carbohydrates. Surveys have been carried out which show that parents themselves are ignorant of the amount of cariogenic food which is consumed by their children in their own homes. Accepting this last statement, it was decided to try an experiment at the Ellesmere Port dental clinic to see if parents were interested enough to co-operate in tabulating the normal, daily diet of their families.

A notice was exhibited in the waiting room inviting any parent interested in learning how to reduce the incidence of dental decay in the teeth of their children, to ask for an appointment to attend the Preventative Dentistry Clinic. It was arranged to hold this clinic at the conclusion of a normal afternoon session, according to demand.

The response to this invitation was disappointing. Four mothers, who had a total of five children, asked for an appointment and were interviewed. The following procedure was adopted. At the first visit the mother was interviewed by me and she was instructed in the latest teachings on diet and oral hygiene. Meanwhile, the dental attendant instructed the child in the correct use of the toothbrush and general mouth cleansing practices. The mother was asked to fill in a chart which was given to her and on which she was asked to record everything which the child ate or drank between waking in the morning and going to sleep at night for three consecutive days, one of these days at least being a day when father was at home. The mother was asked to return the form in two weeks, when a fresh appointment would be made.

Of the four mothers who expressed interest, only one returned the pro-forma completed. This was the mother of a child who was very prone to caries and who had a heart condition which necessitated hospital treatment when teeth had to be extracted. Her diet appeared to be sound. Apples were eaten after meals and oral hygiene was attended to with care, but she consumed two ounces of sweets each evening when watching television. The dangers of this practice were pointed out to the parent and she consented to substitute less harmful edibles such as nuts, raisins, sultanas or potato crisps.

It was encouraging to note that at an inspection made some time later no fresh carious lesions were found in her teeth.

## School Buildings

The following major works were completed or in progress during 1964:—

### *New Schools etc., completed during the year*

Eastham Carlett Park Central College of Further Education  
Congleton Boys Secondary School  
Ellesmere Port, Woodlands, Junior School  
Ellesmere Port, Woodlands, Infants School  
Frodsham Junior School  
Romiley, Compstall Road, Primary School  
Runcorn, The Grange, Junior School  
Hyde, Lodge Lane, Junior School  
Hyde, Lodge Lane, Infants School  
Bredbury Green Junior School  
Bramhall, Brocklehurst Field, Junior School  
Great Boughton Junior School

### *Extensions and Alterations completed during the year*

Cheadle Girls Grammar School—Extensions  
Frodsham Secondary School—Extensions  
Altrincham Boys Grammar School—Extensions  
Alsager Secondary School—Extensions  
Marple All Saints C.E. School—Extensions  
Lymm County Secondary School—Adaptations  
Rudheath Secondary School—Extensions  
Harthill Primary School—Extensions

### *New Schools in Course of erection during the year*

North Cheshire Central College of Further Education  
Macclesfield, Ivy Bank, Primary School  
Marple Girls Grammar School  
Macclesfield, Tytherington, Secondary School  
Partington County Secondary School  
Wilmslow Girls Grammar School  
Ellesmere Port, Stanney, Girls Secondary School  
Crewe Central College of Further Education  
Altrincham, Hale Lodge, Primary School  
Hazel Grove, Norbury Hall, Infants School  
Hattersley, Hare Hill, Primary School  
Poynton, Mill Hill, Primary School  
Runcorn, Town Hall Estate, Junior School  
Altrincham, Bradbury, Girls Secondary School  
Cheadle, Lum Head, Junior School  
Sale West Secondary School  
Wilmslow, Handforth Hall, Infants School  
Bramhall Grammar School

Cheadle Bruntwood Primary School  
Great Boughton Infants School  
Knutsford Girls Secondary School  
Hattersley, Pinfold, Infants School  
Macclesfield, Ryles Park, Girls Secondary School  
Moore County Primary School  
Runcorn, Picow Farm, Junior School  
Stalybridge, Ridge Hill, Infants School  
West Kirby, Black Horse Hill, Girls Secondary School  
Hyde, Hattersley, Secondary School

*Extensions and Alterations in course of erection during the year*

Ellesmere Port, The Grange, Secondary School—Extensions  
Alsager County Training College—Redevelopment  
Nantwich and Acton Grammar School—Extensions  
Wirral Grammar Schools—Alterations and Extensions  
Altrincham Girls Grammar School—Extensions  
Neston County Secondary School—Extensions  
Buglawton Primary School—Alterations  
Marbury C.E. (Controlled) Primary School—Extensions  
Mellor County Primary School—Alterations and Extensions

In addition, a large programme of smaller contracts for demountable classrooms, science laboratories, craft rooms and extensions to kitchens has been carried out, many of which were still in progress at the end of the year.

## **SPECIAL SERVICES REPORTS**

### **Otology and Audiology**

#### **Ear, Nose and Throat Service**

*(From Dr. O. T. Taylor.)*

During the last few years one has seen a steady increase in the Cheshire County Council E.N.T. Clinic attendances. There are a number of reasons for this: the attractiveness of the new clinics and the more leisurely means of examination which tend to make them popular with family doctors and patients, the increase in both local population and in some cases the additional population shift from outlying towns.

Satisfactory as this undoubtedly is, there are some difficulties not fully appreciated. New County Centres and additional clinics have increased proportionately with the population rise. Hospital in-patient treatment, however, is necessary for a certain number of cases seen in the clinics, and this must apply to all clinics where a Consultant or Specialist is engaged. Admission to hospital then becomes a final necessity and this is limited for a number of reasons, of which beds, theatre time, and the growing nursing shortage are examples. In consequence, waiting lists tend to rise.

From the hospital point of view there has been a change in the type of operative procedure used for the removal of tonsils and adenoids during the past few years. At one time these were removed almost exclusively by the guillotine method which was a faster technique and usually associated with a shorter in-patient stay. It would be unwise to attempt to discuss the advantages and disadvantages of one method against the other to any great extent in this report. Guillotining in the hands of an expert produces a very satisfactory result. In less experienced hands, however, the result can be unsatisfactory and the actual operation itself most dangerous. Since a good number of tonsils and adenoids are removed by junior people, the additional degree of safety alone, associated with the dissection method, apart from any other consideration would favour the more general acceptance of this operation, but the fact remains that fewer can be done.

It would appear that these two somewhat unrelated factors have played a part in the increase in the waiting list time. It is some comfort to know, however, that children who are having repeated symptoms during the waiting time of admission, whether these be repeated attacks of tonsillitis, persistent cough or ear complications, are given priority and do not remain on the same general list as those who are suffering no undue discomfort. The position, it is true, is not an entirely satisfactory one, but different methods are being used to bring lists down to a more reasonable limit. An ideal state is probably never attained but one may look forward to the time when with some of the factors redressed, tonsil and adenoid waiting lists may be more in the region of a few months than many months.



## ATTENDANCES AT E.N.T. CLINICS, 1964

(School Children only)

Alsager	—	—	—	101	Hazel Grove	—	—	156
Cheadle	—	—	—	296	Macclesfield	—	—	115
Congleton	—	—	—	58	Northwich	—	—	82
Crewe	—	—	—	103	Poynton	—	—	15
Dukinfield	—	—	—	220	Sandbach	—	—	84
Ellesmere Port †	—	—	—	245	Winsford	—	—	82

† A Consultant from Chester Hospital Management Committee attends this clinic.

### Audiology Service

The aim of the service continues to be the earliest possible ascertainment of hearing and speech disorders, through routine screening tests in infancy and early childhood, and special tests where these have been requested by parents and General Practitioners or Consultants. In this way, help and guidance to the parents and child can be given when needed, at the early stage necessary for optimum results, and much anxiety and difficulty avoided for the family. 31 pre-school children with severe impairment of hearing were receiving help during the year, through individual hearing aids, auditory training and parent guidance.

Children are again examined for hearing defects on starting school, by the School Medical Officers at routine medical inspections, although at present audiometry cannot be carried out on all of them. In 1964 1,310 were noted as having a defect of hearing requiring observation or treatment. This was 3.7% of the total number of children examined; 9.6% of those in the entrant group came into this category. In addition to these, otitis media was noted in 593 children, and a defect of speech in 815, all of whom would require to be investigated further as regards to their hearing, as would those also who show retardation or psychological disturbance.

Every Assistant Medical Officer is equipped with an audiometer and has training in its use, so that the severity and type of hearing loss can be ascertained. A large proportion of cases are referred for otological advice and treatment. The Peripatetic Teachers of the Deaf are informed also, where indicated, so that they can provide remedial help if needed, help to ascertain the degree of difficulty the child is experiencing at school, and give advice to the school on the best means of alleviating the child's difficulties. The co-operation of the school and its staff in all these cases is of the utmost importance.

A hearing aid may be required, and this is supplied through the National Health Service, except in those cases where a special type of aid is necessary; these are still available only through commercial

means, and the Authority has continued to supply them on loan when they are required. There are now approximately 112 children using hearing aids in ordinary schools in the County, and all of these are under the supervision of the Peripatetic Teachers of the Deaf, who hold clinic sessions throughout the County, though it is not possible for the two teachers employed to give regular help to all. Speech Training hearing aids, providing high fidelity amplification, are used in these clinic sessions, and in selected cases are loaned to children for daily use in the home.

The numbers of children under supervision by the Peripatetic Teachers continues to grow, and it has become evident that it will be necessary to increase their number in the County, so that the work can continue to be efficiently and effectively carried on. In this way it is often possible to keep a partially hearing child in the ordinary school with help, supervision and guidance, where otherwise special residential school might have been necessary. However, special education continues to be necessary in a proportion of cases, and at the end of the year 69 children were attending special schools for the deaf or partially hearing, of whom two were under five years of age.

Regional Audiology clinics continue to be held quarterly at eight centres in the County, attended by Professor I. G. Taylor and Sir Alexander Ewing, for those children presenting special problems of diagnosis and management. 76 new cases were seen during the year. A consultant Otologist also attends at a majority of these clinics, and on several occasions the County Educational Psychologist has been present, so that medical and educational assessment can be considered together with the audiological findings. The opportunity for all members of the team to discuss the needs of each child has proved to be extremely valuable.

#### AUDIOLOGY CLINICS—1964

CENTRE	New Cases			Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Chester	3	2	5	4	2	6
Cheadle	4	5	9	5	11	16
Crewe	1	2	3	14	14	28
Ellesmere Port	7	5	12	17	9	26
Hale	4	6	10	17	8	25
Hoole	8	2	10	14	4	18
Macclesfield	12	10	22	13	18	31
Romiley	2	3	5	4	7	11
TOTAL	41	35	76	88	73	161



## Ophthalmic Service

*(from Dr. A. Holmes-Smith)*

As will be seen from the statistics elsewhere in this Report, the year has been a busy one in the Ophthalmic Clinics of the County. Almost everywhere attendances have increased. In some centres this is the result of a deliberate policy of giving ophthalmic care to schoolchildren in the County Clinics rather than at the hospitals. This results in less crowded hospital clinics for adults, whose conditions may frequently require extended investigation, and less delay for the children, both in the waiting time for an appointment and in the clinic itself. There is the added advantage that where further investigation of a schoolchild's condition is required the Ophthalmologist is able to carry this out in hospital if desired.

The closer integration between the Ophthalmic services and the Education services was stressed during the year by the visit of Dr. C. B. Huss of the Ministry of Education Medical Staff to lecture to both School Medical Officers and Education Officers upon Partially-Sighted Pupils whilst your Ophthalmologists discussed with and demonstrated to the Inspectors and Organisers of the County Education Department matters regarding special aids for Partially-Sighted Children. It was felt that the link between medicine and education was considerably strengthened in this way. The public are perhaps more aware of the facilities provided for the deaf in this County—which has been a pioneer in certain aspects; however, the services for the partially-sighted are no less essential although probably less frequently required.

Large numbers of patients with squint continue to be seen and the shortage of Orthoptists is acutely felt. It is noted that the British Orthoptic Board has devised a scheme to centralise the first year training of Orthoptists which will, it is hoped, increase the number of qualified Orthoptists although there must inevitably be a time lag before the desired increase is seen. The writer considers that this career for the intelligent young lady who wishes to work with children is not well enough known to the public.

The general field of ophthalmology has shown no notable advance in the past year although considerable research continues on the subject of glaucoma—the mechanism of which is not yet elucidated. This condition is, of course, of greater concern in the age range from 50 years upwards.

I would like to draw attention once more to the help which is received from the Health Visitors, both in the clinics and in following up patients and supervision of their treatment.

## ATTENDANCES AT EYE CLINICS, 1964.

(School Children only)

Alsager	—	—	132	Lymm	—	—	212
Bollington	—	—	147	Macclesfield	—	—	1274
Bredbury	—	—	255	Marple	—	—	326
Cheadle	—	—	115	Middlewich	—	—	135
Cheadle Hulme	—	—	89	Nantwich	—	—	551
Congleton	—	—	374	Neston	—	—	305
Crewe—Ludford Street	—	—	460	New Ferry	—	—	696
Stalbridge Road	—	—	425	Northwich	—	—	1032
Dukinfield	—	—	318	Partington	—	—	232
Eastham	—	—	354	Poynton	—	—	92
Ellesmere Port	—	—	491	Runcorn	—	—	324
Frodsham	—	—	192	Sale (Chapel Road)	—	—	265
Grappenhall	—	—	33	Sale (Meadway)	—	—	106
Hale	—	—	368	Sandbach	—	—	612
Hazel Grove	—	—	104	Stalybridge	—	—	121
Heswall	—	—	298	Stockton Heath	—	—	99
Hoole	—	—	160	Tarporley	—	—	72
Hoylake	—	—	371	Weaverham	—	—	268
Hyde	—	—	246	Wilmslow	—	—	166
Knutsford	—	—	173	Winsford	—	—	228

### Paediatric Service

(from Dr. J. D. Allan)

The County Paediatric Service has continued as in previous years on the general basis of three consultative clinics per month based in the towns of Crewe and Northwich (two clinics in Crewe and one in Northwich). There is a continuous reference of patients by the general practitioners. From these clinics, as and when necessary, children requiring further investigation for diagnosis are admitted to hospital, generally in Macclesfield. Both these clinics continue to fulfil very useful purposes in that a wealth of clinical material is uncovered through this agency, a fact which is due largely to the circumstances that neither Northwich nor Crewe has any official Regional Board Paediatric cover. I should say that the general practitioners are continuing to make adequate use of the service which we provide—this being particularly true of Northwich. As in previous years we have used the local hospitals for the more routine investigations and X-rays to avoid any unnecessary use of the ambulance service and to try to avoid loss of work and inconvenience to parents. It has been our experience that any hospital approached thereby has co-operated invariably whole-heartedly.

The Cerebral Palsy peripatetic team continues to thrive and it is felt that this has been an unqualified success. We are still operating on the premise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that full calibration of disability

established early will result in an adequate orientation of necessary therapy at the earliest possible time. There can be no doubt that this service is useful and justified. Perhaps one of the best indications that the project is worthwhile is the enthusiasm and appreciation of the parents which in turn is reflected in the very high standard of attendance achieved at these clinics.

The ward rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

## ATTENDANCES AT PAEDIATRIC CLINICS, 1964.

(School Children only)

Crewe, Ludford Street .....	44	Northwich, Darland House	45
Crewe, Stalbridge Road .....	14		

### Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist continues to operate at clinic centres at Cheadle, Crewe, Macclesfield and Weaverham, and once a month at each clinic Dr. J. D. Allan, the Consultant Paediatrician, attends. During the year a clinic was started at Congleton to save a group of children from that district travelling to Macclesfield. The team works in close contact with the appropriate speech therapist and has the services of an assistant county medical officer specially trained in the ascertainment of intelligence in physically handicapped children. Children usually attend the clinics for treatment once or twice each week. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics.

The table below gives details of the children attending the clinics during 1964:—

#### CEREBRAL PALSY CLINICS

	Cheadle	Congle- ton	Crewe	Maccles- field	Weaver- ham
Number of children:					
(a) Attending at the end of the year	20	3	19	12	21
(b) Under 5 years of age .....	10	1	4	7	13
(c) Unsuitable for education .....	2	—	8	4	5
(d) Improved sufficiently to:					
(i) attend school .....	2	—	—	—	1
(ii) have home tuition .....	—	—	—	—	—
(e) Already at school .....	6	2	7	4	3
(f) Already receiving home tuition	—	—	—	2	4
(g) Who were admitted to clinic					
during year .....	3	3	2	3	7
(h) Transferred to other centres .....	—	—	1	3	—
(i) Who ceased attendance.....	1	—	3	1	2
(j) Fit for discharge .....	2	—	—	—	—
(k) Discharged as unsuitable .....	—	—	—	—	—

## Orthopaedic Service

The orthopaedic service is the financial responsibility of Regional Hospital Boards under the National Health Service Act. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by school medical officers after medical inspection at schools or minor ailment clinics.

### ATTENDANCES AT ORTHOPAEDIC CLINICS, 1964 (School Children only)

Dukinfield .....	3118	Stalybridge .....	2719
Ellesmere Port .....	130		
Hyde.....	897		

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1964 by school children at the clinics specified:—

Dukinfield .....	1315
Hyde .....	1348
New Ferry .....	304
Sale .....	278
Stalybridge .....	1488

### Child Guidance, 1964

#### *Clinics*

Handforth/Wilmslow	New Cases .....	67
	Total Appointments .....	455
	Cases Closed .....	37
Sale/Northwich (pt.)	New Cases .....	44
	Total Appointments .....	303
	Cases Closed .....	8
Grappenhall	New Cases .....	22
	Total Appointments .....	32
	Cases Closed .....	0
Sandbach/Congleton/ Northwich (pt.)/ Macclesfield	New Cases .....	83
	Total Appointments .....	296
	Cases Closed .....	20
Ellesmere Port	New Cases .....	42
	Total Appointments .....	225
	Cases Closed .....	30
Hazel Grove	New Cases .....	36
	Total Appointments .....	222
	Cases Closed .....	13
Stalybridge	New Cases .....	58
	Total Appointments .....	247
	Cases Closed .....	16



The service continues to meet ever-increasing demands. The preliminary investigations are carried out at eleven Clinic Centres and there are now seven Child Guidance Clinics able to undertake therapy. The above figures represent the framework of the services mentioned.

In addition many visits are made to schools by the Psychologists and the Social Workers carry out many visits to the homes. The latter often proves rewarding by way of filling in gaps that parents overlook or for different reasons are too embarrassed to mention at the preliminary interview. Another interesting feature is that many parents now seek advice by telephone—here there are no set hours—information may be asked for at 6 in the morning and I have had calls as late as midnight.

It is with good reason that I repeat my thanks to all who contribute to this Service for it has become as much a 'Family Guidance Service' as it is Child Guidance.

### Torpenhow Open-Air School

The school is situated on the hill at Frankby overlooking the estuary of the River Dee.

The School accommodates 50 children and priority for admission is given to cases of asthma, bronchitis and bronchiectasis etc. Only if there are then vacancies are cases of general debility admitted.

Children suitable for admission are selected by the school medical officers at medical inspections and enter Torpenhow Open-Air School initially for a period of at least two terms, this being renewed if found to be necessary. Pupils remain at Torpenhow throughout the year with the exception of the month of August and a few days over Christmas, and attend the school during the normal school term. During the school holidays a number of recreational activities such as walks, picnics, games and visits to places of interest are organised.

A Speech Therapist visits the school for one session weekly.

The School Dental Service was responsible for treating 30 pupils after carrying out 92 inspections during the year. During the year three children from other authorities attended the school and altogether 74 children were admitted and 58 were discharged. They were classified according to their various disabilities as follows:—

	<i>Admissions</i>		<i>Discharges</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
General Debility	31	23	21	13
Asthma	12	4	8	5
Bronchitis	—	1	6	3
Bronchiectasis	2	1	1	—
Eczema and Asthma	—	—	1	—
	45	29	37	21

## Grappenhall Hall School

This school has 100 places for educationally sub-normal boys generally within the I.Q. range of 55-75 aged 8-16 years, who suffer from additional difficulties such as poor environment, maladjustment, delinquent tendencies. In certain cases boys are admitted for a trial period in order to determine whether or not they are suitable for education when this is in doubt.

The progress of the boys is kept under constant review and those who prove to be unsuitable for education are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the school to the age of 16 years will be able to take up ordinary employment.

The school was fully occupied all year, during which there were 23 new admissions taking the places of children discharged.

The school dental surgeon carried out 110 inspections at the school in 1964, and 72 boys were found to require treatment, all of which was completed before the end of the year.

## Capenhurst Grange School

There are 38 places for girls at this school, which accepts the same type of child and is conducted on the same general lines as the Grappenhall Hall School. These places were fully occupied throughout 1964 when there were 9 new admissions replacing children discharged. All the girls received a dental inspection and 18 received treatment during the year.

### B.C.G. Vaccination

Under the County Health Committee's Care and After Care Scheme B.C.G. vaccination can be offered to school children of 13 years of age and upwards and students attending Universities, teacher training colleges, and establishments of further education.

With the co-operation of the teaching staff the following work was carried out by Divisional Medical Officers and Assistant County Medical Officers in 1964.

#### *School children Scheme*

Number of consent forms issued	.....	14,187
Number of consents received	.....	11,006

#### *Skin Tests*

Number tested	.....	10,306
Number positive	.....	1,978
Number negative	.....	8,108
Number vaccinated with B.C.G.	.....	8,055



## **Immunisation against Tetanus and Diphtheria**

On school entry arrangements are usually made by the Divisional School Medical Officer for children to be offered immunisation against tetanus and diphtheria, and during 1964 9,687 school children received booster doses and 841 were given a primary course of injections.

### **Milk in Schools Scheme**

All milk supplies under this scheme are subject to the approval of the County Medical Officer, and the County Health Department supervises all supplies by means of systematic sampling, and by routine inspections of dairies within their jurisdiction from which school milk supplies emanate.

Any new supply proposed for any particular school is first referred by the Director of Education to the Health Department for approval.

So far as the approval of particular sources is concerned, a suitable supply of pasteurised milk is obtained wherever possible. If this is not available, a supply of "Untreated" (raw) milk has so far been accepted. (Under the provisions laid down in the Milk (Special Designation) Regulations, 1963, which came into operation during 1964, the designation "Tuberculin-tested" was replaced by the designation "Untreated", in view of the fact that all the milk produced in the country is now from tuberculin-tested cows, so that the main difference in supplies now is whether or not the milk has been subjected to some form of heat-treatment, i.e. pasteurisation or sterilisation).

As will be seen from the table at the end of this section, only two of the 674 schools in the County were being supplied with untreated milk. These are two isolated schools involving 45 pupils. It appears that under present circumstances and owing to the rural nature of these two schools a supply of untreated milk will have to be accepted for the present.

No school in the County was without a supply of liquid milk at any time during the year.

During 1964, sampling of all school milk supplies throughout the County continued, all samples being collected in the course of retail delivery to the schools themselves. A total of 1,628 samples was collected, as compared with 1,592 in 1963. All the schools in the administrative county are sampled by the County Health Department Milk Sampling Officers with the exception of the 31 schools in the area of Crewe Borough Council. Here the Borough Health Department carries out regular school milk sampling by arrangement with the County Health Department and notifies all results.

Of the 1,549 samples of pasteurised milk collected by the County Health Department 33 samples (2.1%) failed the methylene blue test (for cleanliness and keeping quality) and two samples failed the phosphatase test (for adequate pasteurisation).

Immediate action in the case of sample failures is taken by the County Health Inspector.

The 33 methylene blue test failures were a slight increase on the 1963 figure when 27 samples failed. Thus the generally improved level since 1961 has been maintained. There is little doubt that this improvement in the hygienic quality of the milk is due to the constant surveillance of the Department.

Appropriate action was taken in the case of all the methylene blue failures and repeat samples were taken to ensure that a satisfactory standard was attained. 21 of the failures occurred on samples obtained from various dealers but processed and bottled by one dairy company. An investigation revealed that owing to the time of bottling of school milk and to the system of delivery from the processing dairy to the retailers it was not possible for the milk to reach the schools the day after processing. As a result of talks between the County Health Inspector and the processing dairy this problem has been resolved and the milk now reaches the schools the day after processing and bottling.

The two phosphatase test failures occurred on samples obtained on the same day from different schools but on milk processed by the same dairy. These were immediately investigated at the dairy where it was found that on the day when this milk was processed the flow diversion valve on the pasteurising plant had jammed and had to be operated manually. Under-pasteurised milk could, under these circumstances, have passed through the plant. This was an isolated incident at the dairy and no further trouble has been experienced.

One of the 51 samples of pasteurised milk taken by the Crewe Borough Council failed the methylene blue test, but a repeat sample taken shortly afterwards proved satisfactory.

In addition, 28 samples of untreated (raw) milk were collected. Of these, four samples failed the methylene blue test for cleanliness and keeping quality. These sample failures were immediately notified to the Ministry of Agriculture, Fisheries and Food which is responsible for clean milk production on the farms, with a request for appropriate action. These two schools which have a supply of untreated milk are, of course, in a very isolated area, where no pasteurised milk is available.

In addition to the examination quoted above, these untreated supplies are given special attention by way of cultural and biological examinations in view of the fact that they *are* raw milks.

The 28 school samples and also six sets of herd samples involving 14 bulk milk samples from the two herds concerned were submitted for these examinations during 1964. In no case were the organisms of tuberculosis or brucellosis isolated.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 414 washed school milk bottles from these dairies when the sampling

officers were visiting for the purposes of other sampling under the Milk and Dairies Regulations. On the colony count (a test for the bacteriological cleanliness of the bottle) 345 were found to be satisfactory, 34 fairly satisfactory and 35 unsatisfactory. These figures are somewhat the same as last year when of the 379 bottles submitted, 316 were satisfactory, 26 fairly satisfactory and 37 unsatisfactory. These examinations showed that bottle-washing at one particular dairy was, on school milk bottles, very much below standard. The unsatisfactory reports occurred at a time when experiments were being carried out on the use of a new liquid detergent. Discussions took place at the dairy where it was found that the dairy laboratory staff were keeping a close watch on the situation. Following these discussions and the introduction of an improved system of sealing the washed bottles the difficulties appear to have been resolved.

During the year a pilot scheme was carried out for supplying a limited number of schools with milk packed in the tetrahedron type of carton. This, from a public health angle, proved highly satisfactory, all samples passing the statutory tests. At the end of the year a questionnaire circulated by the Director of Education was completed by the headmaster of each school. From an analysis of this return it was decided by the County Education Committee that cartons of this shape were not suitable. This proved a great disappointment to the dairy management concerned who had spent a great deal of time in attempting to popularise this form of carton which is being supplied to a large number of schools in the areas of adjacent education authorities. At the time of writing this report, milk in a new rectangular-shaped carton is being supplied to schools in two of the divisions in the County. This experiment is being watched very closely and it appears that this type of carton is acceptable. Cartoned milk does, of course, resolve many of the difficulties experienced with the glass bottle, particularly from dirty, cracked or broken bottles and foreign bodies in the milk. Also the inherent danger of having glass receptacles on school premises is removed.

It is thus seen that a considerable amount of work is carried out to try to ensure that each day, while the schools are open, the whole of the 122,300 or so pupils who take school milk receive a food which is clean and free from all pathogenic organisms and is delivered in clean undamaged containers.

Occasional complaints do arise regarding dirty bottles, cracked or broken bottles, foreign bodies in the milk (including, sometimes, glass splinters), dirty condition of crates and unsatisfactory service. Cases of foreign bodies in the milk are dealt with by the Weights and Measures Department, which investigates and deals with the matters appropriately, if necessary instituting proceedings. The remaining matters are dealt with by the County Health Inspector, in some cases in co-operation with the local health departments.



In almost all instances, the bottles are satisfactorily dealt with at the schools, i.e. the bottles are emptied completely, caps and straws removed and the bottles placed for collection the next day. Under these circumstances, and even though no rinsing of school milk bottles is carried out at the schools, the dairies should have no difficulty in seeing that all bottles are adequately cleansed before re-filling, thus complying with their legal responsibilities. In recent years, complaints of misuse of school milk bottles on the school premises have become extremely rare.

Tables are given below showing the sampling which was carried out during 1964 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

#### SCHOOL MILK SAMPLES AND EXAMINATIONS, 1964.

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised	1600	1598	2	1544	34
Untreated	28	—	—	23	4
<b>TOTALS</b>	1628	1598	2	1567	38

\*The Methylene Blue test was void in twenty-three cases owing to high atmospheric shade temperature.

At the end of 1964, the position in the county regarding school milk supplies could be summarised as follows:—

Type of Milk	Schools sampled by Cheshire C.C.		Schools sampled by Crewe M.B.C.		No. of Children † supplied	
	No. of different suppliers of milk	No. of schools supplied	No. of different suppliers of milk	No. of schools supplied	Total	As % of Total
Pasteurised	63	641*	1	31	122,260	99.96
Untreated (raw)	2	2	—	—	45	0.04
<b>TOTALS:</b>	65	643	1	31	122,305	—

† Figures obtained from a census taken on a selected day in Sept., 1964.

\* Includes 94 non-maintained Schools.

(The milk in Schools Scheme has applied to non-maintained schools since 1st September, 1956, and all children attending both maintained and non-maintained Schools are entitled to one-third of a pint of milk free daily.)

## School Swimming Pools

Swimming instruction forms an important part of physical education for the older children from the County Junior Schools and pupils from Secondary and Grammar Schools. Bathing facilities have until recent years been arranged where practically possible at the nearest public, or, in three instances, privately-owned pools. In many cases, owing to the distance of the pool from the school, transport has to be arranged with obvious disadvantages and complications.

In recent years a number of schools have, by one means or another, constructed, or are negotiating for the construction of, their own swimming pools. The County has carried out further improvements to three of these: Calday, Lymm and Christleton; including enclosure and heating and the provision of changing and sanitary accommodation. These three pools are now used by a number of schools situated in their particular Division.

The Cheshire Education Committee issued a memorandum in February, 1962, on their policy for the "Provision of Swimming Baths". This laid down that all pools must be provided with a filtration plant (including automatic chlorination equipment) satisfactory to the Principal School Medical Officer.

At the time of writing this report (July 1965) there are 11 schools with their own swimming pools, with another in the advanced planning stage for construction in the near future.

Details of the pools in use are as follows:—

- |   |  |
|---|--|
| 1. King's School, Chester                   | 37,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated.                               |
| 2. Calday Grange County Grammar School      | 95,500 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.                          |
| 3. Capenhurst Grange Special School         | "Purley" learner pool. 4,200 gallons capacity. Purley "filtration" and liquid hypochlorite automatic chlorinator. Outdoor, not heated. |
| 4. Christleton County Secondary School      | 80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.                          |
| 5. Astley County Grammar School, Dukinfield | 72,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, not heated.                     |

- |   |   |
|---|---|
| 6. Greasby County Junior School                           | Learner pool. 14,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, not heated. |
| 7. Lymm Grammar School                                    | 76,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated                           |
| 8. Norbury Booths County Junior School, Knutsford         | Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, not heated. |
| 9. Sandbach Grammar School                                | 80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, heated.                    |
| 10. Stockton Heath Church of England Aided Primary School | Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated.     |
| 11. Gorsey Bank County Primary School, Wilmslow           | Learner pool. 18,750 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, not heated. |

The enclosed pools do, of course, enable swimming instruction to be given all the year round. With our English weather outdoor pools can only receive a very limited use.

Regular routine visits by the County Health Inspector or his Deputy were made in 1964, during the period when the pools were in use, and any problems which may have arisen were discussed. Records kept by the person in charge of the pool were inspected and a check was made of the residual chlorine in the water, and the pH value. Also a check is carried out on the condition of the footbath to ensure that this is satisfactory.

Samples for bacteriological examination were also taken and submitted to the Public Health Laboratory Service for examination. Normally three samples were taken on each occasion, one each from the inlet, outlet and centre section of the pools. By this means a representative picture was obtained of the bacteriological condition of the water in the pool.

A total of 65 water samples was taken during 1964, and these all proved satisfactory. This is a marked improvement on the 1963 figures when five of the 61 samples taken were unsatisfactory. The improvement is due to the provision of filtration and chlorination plant at the



Calday Grange pool which previously had operated on the "fill and empty" principle, also to the experience and knowledge gained in previous years by the persons responsible for operating the plants. I also feel that the routine inspections carried out by the County Health Inspectors have made a big contribution to this excellent record.

"Marginal" chlorination is in use at all the pools and during 1964 we have used a recommended residual chlorine figure of between 0.5 and 0.8 parts per million. The Ministry of Health originally recommended a free chlorine residual of between 0.2 and 0.5 parts per million, but in practice this is found to give insufficient reserve to allow of effective control under conditions of varying load. In fact most counties are now using a recommended range of up to 1.0 p.p.m., aiming at something like this level at the outlet end of the pool so as to give completely effective control, and this standard is now being recommended for the Cheshire pools as from the beginning of 1965. This level of residual chlorine can be perfectly well tolerated, and indeed if complaints of eye irritation do arise they are almost always due to failure to maintain a correct pH value throughout the pool. (The pH value indicates the acidity or alkalinity of the water, a value of 7.0 being neutral, and values below 7 indicating increasing acidity, and above 7 alkalinity). Swimming pool water must be maintained within the pH range of 7.4 to 8.0, and it is important to check this reading frequently in addition to the figure of residual chlorine. Pools in which chlorine gas is used tend to become increasingly acid, and it is necessary to provide continuous dosing with alkali to correct this. On the other hand pools in which hypochlorite solutions are used do not usually require other chemical treatment to maintain a satisfactory pH value, though occasionally in this case the water may become too alkaline when it is necessary to add some form of acid to correct the position.

The need for having a suitably trained person with time to devote to ensure that the filtration and chlorination plant is properly maintained and working satisfactorily and to take regular readings of the condition of water in the pool cannot be over-emphasised. The condition of the water in a pool with a fluctuating bathing load can change very quickly necessitating plant adjustment, particularly of the chlorinator.

# HANDICAPPED CHILDREN

## Numbers Attending Special Schools, 1964

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Class	2	2	4
Coventry, Exhall Grange School for Partially Sighted	5	5	10
Exeter, West of England School for Partially Sighted	1	1	2
Kettering, Rushton Hall	1	1	2
Liverpool, St. Vincent's School for the Catholic Blind	4	2	6
Liverpool, Wavertree School for the Blind	11	4	15
Old Trafford, Henshaw's Institution for the Blind	4	6	10
Preston, Fulwood School for the Partially Sighted	2	3	5
Seaford, Blatchington Court	1	—	1
Sheffield, School for Blind Children	1	1	2
Shrewsbury, Condover Hall School for the Blind	1	1	2
Shrewsbury, Royal Normal College for the Blind	—	1	1
Southport, Sunshine House Nursery School	1	—	1
Worcester, College for the Blind	1	—	1

## DEAF AND PARTIALLY HEARING

Bolton, Thomasson Memorial Special School	5	2	7
Boston Spa, St. John's Residential School for the Deaf	1	2	3
Burton-on-Trent, Needwood School for the Partially Deaf	2	2	4
Fallowfield, Whitebrook (Day) School for Deaf Children	1	1	2
Liverpool, Crown Street Day School for the Deaf	3	1	4
Manchester, Royal Residential Schools for the Deaf	29	27	56
Newbury, Mary Hare Grammar School	2	3	5
Southport, Liverpool School for the Partially Deaf	19	18	37

## DELICATE AND VARIOUS

Abergele, Chest Hospital	2	—	2
Ashton-under-Lyne, General Hospital	10	9	19
Bangor, Minffordd Hospital	1	—	1
Bebington, Clatterbridge Hospital	149	112	261
Birkenhead, St. Catherine's Hospital School	15	12	27
Chester, City Hospital	23	24	47
Congleton, Great Moreton Hall	1	—	1
Davyhulme, Park Hospital	3	6	9
Frankby, Torpenhow Open-Air School (including 1 boy from Chester City)	59	31	90
Heswall, Cleaver Hospital	22	20	42
Heswall, Royal Liverpool Children's Hospital	33	28	61
Leasowe, Hospital	4	4	8
Liverpool, Alder Hey	12	7	19
Loggerheads, Colomondy School	2	—	2
Macclesfield, West Park Hospital	42	45	87
Manchester, Booth Hall Hospital	25	9	34
Manchester, Royal Manchester Children's Hospital	12	12	24
Salford, Hope Hospital Special School	1	3	4
Southport, Convalescent Hospital	3	3	6

# DELICATE AND VARIOUS.....continued

Boys Girls Total

Stockport, Cherry Tree Hospital			11	7	18
Stockport, Stepping Hill Hospital			4	3	7
Stoke-on-Trent, City General Hospital			1	—	1
Styal, Manchester Residential School			5	1	6
Summerseat, Open-Air School			1	1	2
Thingwall, Royal Liverpool Children's Hospital			13	7	20
West Kirby, Children's Convalescent Home and Special School			5	5	10
Whiston, County Hospital			2	—	2
Wythenshawe Hospital			36	19	55

# EDUCATIONALLY SUB-NORMAL

Aberdeen, Camphill School (Rudolf Steiner)			6	3	9
Birmingham, St. Francis Residential School			1	1	2
Bolton, Eden Grove School			1	—	1
Bramley, Gosden House School			1	—	1
Brighton, St. John's Boarding Special School			1	—	1
Bristol, St. Christopher's School (Rudolf Steiner)			3	—	3
Capenhurst, Capenhurst Grange School			—	46	46
Cockermouth, Crookhey Hall			1	—	1
Grappenhall, Grappenhall Hall School			113	—	113
Haywards Heath, Staplefield Place School			1	—	1
Manchester, Gorton Special Day School			1	—	1
Middlewich, Bostock Hall			2	—	2
Ormskirk, Pontville R.C. Special School			4	—	4
Ringwood, West Mount (Rudolf Steiner)			—	1	1
Southborough, Meadow House School			1	—	1
Thornbury, Thornbury Park School (Rudolf Steiner)			1	—	1
Ulverston, Stone Cross Special School			1	—	1
Whaley Bridge Taxal Lodge School			1	—	1
Wythenshawe, Park Day School			1	1	2

# EPILEPTIC

Alderley Edge, Colthurst House School			8	3	11
Chelford, Soss Moss School			1	1	2
Liverpool, Maghull School			4	4	8
Much Hadam, St. Elizabeth's School and Home			—	1	1
Surrey, Lingfield Epileptic Colony			—	1	1

# PHYSICALLY HANDICAPPED

## *Crippled*

Ashton-under-Lyne General Hospital			1	—	1
Aylesbury, Stoke Mandeville Hospital			1	—	1
Bebington, Clatterbridge Hospital			13	12	25
Bexhill-on-Sea St. Mary's School			—	1	1
Biddulph, Orthopaedic Hospital			3	3	6
Birkenhead, Day Special School for Spastics			1	—	1
Bolton, Birtenshaw Hall Special School			1	—	1
Cardiff, Prince of Wales Hospital			—	1	1

PHYSICALLY HANDICAPPED—*continued*

	Boys	Girls	Total
Cheadle, Bethesda School	13	4	17
Davyhulme, Park Hospital	1	—	1
Ely, The Palace School	—	1	1
Exeter, St. Loyes College	—	1	1
Farley Hill, Hephaistos School	1	—	1
Glossop, Talbot House School	—	2	2
Kersal, Oaklands School	—	1	1
Killinghall, Ian Tetley Hospital Home	1	—	1
Leasowe, Hospital	2	1	3
Leatherhead, Queen Elizabeth's Training College	1	—	1
Liverpool, Alder Hey Children's Hospital	1	1	2
Liverpool, Children's School of Recovery	2	—	2
Llandudno, Special School	—	1	1
Macclesfield, West Park Hospital	8	5	13
Mansfield, Harlow Wood Orthopaedic Hospital	—	1	1
Mansfield, Portland Training College	1	—	1
Marple, Children's Orthopaedic Hospital	29	31	60
Mobberley, Margaret Barclay	7	6	13
Newcastle-under-Lyne, Blackfriars School	—	1	1
Oswestry, Derwen Cripples' Training College	1	—	1
Oswestry, Orthopaedic Hospital	21	31	52
Pentrych, Craig-y-Parc School	1	—	1
Southport, The Bradstock Lockett School	1	3	4
Standon Hall, Orthopaedic Hospital	1	—	1
Stroud, St. Rose's R.C. School	—	1	1
Wallasey Elleray Park Day School	1	1	2
West Didsbury, Lancasterian Special Day School	1	6	7
West Kirby, Children's Convalescent Home	1	—	1
Whiston, County Hospital	1	—	1
Widnes, Peel House School	—	2	2
Wrightington, Hospital	1	—	1

*Heart*

Ashton-under-Lyne, General Hospital	—	1	1
Bebington, Clatterbridge Hospital	—	1	1
Heswall, Royal Liverpool Children's Hospital	—	1	1
Macclesfield, West Park Hospital	1	1	2
Rainhill, St. Joseph's Heart Hospital	1	—	1
Sheffield, King Edward VII General Hospital	1	—	1
West Kirby, Children's Convalescent Home and Special School	1	2	3

*Tuberculosis*

Abergele, Chest Hospital	—	1	1
Heswall, Cleaver Hospital	1	2	3
Macclesfield, West Park Hospital	1	—	1
Wrightington Hospital	4	1	5

*Diabetic*

Chester City Hospital	1	6	7
Manchester, Royal Manchester Children's Hospital	1	—	1



SPEECH DEFECTS				Boys	Girls	Total
Oxted, Moor House School				1	1	2
MALADJUSTED						
Congleton, Buglawton Hall				—	1	1
Harmer Hill, Shotton Hall				5	—	5
Horbury, St. Peter's				—	2	2
Longhope, Salesian School				2	—	2
Mersham-le-Hatch, Caldecott Community Centre				1	—	1
Mickleton, St. Hilliard's School				3	—	3
Thelwall, Chaigeley				2	—	2
Thirsk, Breckenborough School				1	—	1
Towcester, Potterspury Lodge				1	—	1
Wetherby, Wennington School				1	1	2
Wennington, Wennington Hall School				1	—	1
Ruthin, Clwyd Hall				1	—	1
East Grinstead, Horncastle School				1	1	2
Aberdeen, Camphill Rudolf Steiner				1	—	1

Resident in Boarding Homes and  
Attending Ordinary Schools, 1964

MALADJUSTED				Boys	Girls	Total
East Grinstead, St. George's Hostel				1	—	1

# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1964

TABLE I

Medical Inspection of Pupils attending Maintained  
Primary and Secondary Schools

## A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number In-spected	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with Vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in table III	Total individual pupils
1960 and later	79	79	—	3	11	14
1959	5842	5831	11	164	822	927
1958	5537	5528	9	132	767	866
1957	1355	1352	3	45	168	204
1956	550	547	3	46	68	103
1955	2023	2019	4	170	194	323
1954	4731	4724	7	383	483	810
1953	2539	2536	3	239	275	476
1952	662	660	2	70	82	143
1951	1578	1577	1	140	160	280
1950	3979	3976	3	380	371	688
1949 and earlier	6388	6378	10	866	468	1266
Total	35263	35207	56	2638	3869	6103

The physical condition of 99·84% of the total number of pupils examined at periodic inspections was considered satisfactory.

## B.—OTHER INSPECTIONS

Number of Special Inspections	—	—	—	—	4768
Number of Re-Inspections—	—	—	—	—	11314
Total	—	—	—	—	16082

TABLE II.

## Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	136672
(ii) Total number of <i>individual</i> pupils found to be infested	3834
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1930
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	233

# RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1964

## A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS						TOTAL	
		Entrants		Leavers		Others			
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	Requiring treatment (7)	Requiring observation (8)		
4	Skin — —	141	315	265	295	165	212	571	822
5	Eyes—								
	(a) Vision —	343	1064	1417	998	878	968	2638	3030
	(b) Squint —	225	204	101	67	107	115	433	386
	(c) Other —	28	67	32	84	20	69	80	220
6	Ears—								
	(a) Hearing —	122	714	46	158	45	225	213	1097
	(b) Otitis Media —	64	321	32	65	26	85	122	471
	(c) Other —	12	51	22	12	12	27	46	90
7	Nose and Throat —	575	1572	123	244	173	504	871	2320
8	Speech —	150	452	21	54	42	96	213	602
9	Lymphatic Glands —	32	1721	12	107	2	561	46	2389
10	Heart —	20	234	28	88	21	98	69	420
11	Lungs —	61	546	43	156	45	242	149	944
12	Developmental—								
	(a) Hernia —	35	73	11	11	9	22	55	106
	(b) Other —	65	269	24	79	62	182	151	530
13	Orthopaedic—								
	(a) Posture —	7	98	69	135	21	131	97	364
	(b) Feet —	105	455	69	212	70	296	244	963
	(c) Other —	98	311	84	230	53	155	235	696
14	Nervous System—								
	(a) Epilepsy —	13	41	14	16	16	23	43	80
	(b) Other —	13	86	13	41	16	57	42	184
15	Psychological—								
	(a) Development —	16	180	13	96	25	223	54	499
	(b) Stability —	29	501	22	178	42	262	93	941
16	Abdomen —	27	129	19	35	35	94	81	258
	Other—	67	195	68	151	50	149	185	495

TABLE III. (Continued)

## B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	33	24
5	Eyes— <i>a.</i> Vision	400	398
	<i>b.</i> Squint	40	41
	<i>c.</i> Other	11	17
6	Ears— <i>a.</i> Hearing	93	295
	<i>b.</i> Otitis Media	11	28
	<i>c.</i> Other	4	7
7	Nose and Throat	73	181
8	Speech	52	84
9	Lymphatic Glands	2	56
10	Heart	8	66
11	Lungs	16	100
12	Developmental—		
	<i>a.</i> Hernia	5	9
	<i>b.</i> Other	14	30
13	Orthopaedic—		
	<i>a.</i> Posture	12	17
	<i>b.</i> Feet	23	35
	<i>c.</i> Other	33	37
14	Nervous system—		
	<i>a.</i> Epilepsy	23	27
	<i>b.</i> Other	8	27
15	Psychological—		
	<i>a.</i> Development	70	233
	<i>b.</i> Stability	32	113
16	Abdomen	8	17
17	Other	36	75



**TABLE IV**

**Treatment of Pupils attending Maintained  
Primary and Secondary Schools**

**GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint — — — —	748
Errors of Refraction (including squint) — —	13528
<b>Total — —</b>	<b>14276</b>
Number of pupils for whom spectacles were prescribed — — — — —	4186

**GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND  
THROAT**

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear — — — —	7
(b) for adenoids and chronic tonsillitis — —	128
(c) for other nose and throat conditions — —	17
Received other forms of treatment — — — —	638
<b>Total — —</b>	<b>790</b>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1964 — — — — —	21
(b) in previous years — — — — —	91

**GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS**

(a) Number of pupils known to have been treated at clinics or out-patient departments — — — —	755
(b) Pupils treated at school for postural defects — —	—
<b>Total — —</b>	<b>755</b>

**GROUP 4—DISEASES OF THE SKIN (excluding uncleanness, for  
which see Table II)**

	Number of cases known to have been treated
Ringworm— (i) Scalp — — — —	3
(ii) Body — — — —	1
Scabies — — — — —	6
Impetigo— — — — —	34
Other skin diseases — — — —	335
<b>Total — —</b>	<b>379</b>

## GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child Guidance Clinics	—	—	—	—	—	321
---	---	---	---	---	---	-----

## GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics	—	—	—	—	—	1827
No. of pupils referred for Speech Therapy	—	—	—	—	—	382
No. of pupils treated	—	—	—	—	—	484
Total attendances at Clinics	—	—	—	—	—	10411
No. of visits to Schools	—	—	—	—	—	236
No. of children examined at Schools	—	—	—	—	—	377
No. of visits to the homes of pupils	—	—	—	—	—	207

## GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments	—	—	—	—	—	1084
Pupils who received B.C.G. vaccination	—	—	—	—	—	8055
U.V.L. treatment	—	—	—	—	—	774

## TABLE V

### Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—						
(a)	At Periodic Inspections	—	—	—	—	99307
(b)	As Specials	—	—	—	—	7030
Total (1)						<u>106337</u>
(2)	Number found to require treatment	—	—	—	—	59745
(3)	Number offered treatment	—	—	—	—	52294
(4)	Number actually treated	—	—	—	—	26724
(5)	Number of attendances made by pupils for treatment, <i>excluding</i> those recorded at heading 11 (h)	—	—	—	—	57692
(6)	Half-days devoted to : Periodic (School) Inspection	—	—	—	—	893
	Treatment	—	—	—	—	8931
Total (6)						<u>9824</u>
(7)	Fillings Permanent Teeth	—	—	—	—	41343
	Temporary Teeth	—	—	—	—	10441
Total (7)						<u>51784</u>
8)	Number of teeth filled : Permanent Teeth	—	—	—	—	32890
	Temporary Teeth	—	—	—	—	9367
Total (8)						<u>42257</u>

(9) Extractions :	Permanent Teeth	7237
	Temporary Teeth	20134
Total (9)		<u>27371</u>
(10) Administration of general anaesthetics for extraction.....		<u>9118</u>
(11) Orthodontics :		
(a) Cases commenced during the year	220	
(b) Cases carried forward from the previous year	234	
(c) Cases completed during the year	174	
(d) Cases discontinued during the year	22	
(e) Pupils treated with appliances	452	
(f) Removable appliances fitted	228	
(g) Fixed appliances fitted	37	
(h) Total attendances	<u>2166</u>	
(12) Number of pupils supplied with artificial dentures		<u>272</u>
(13) Other Operations :	(A) Crowns	15
	(B) Inlays	9
	(C) Other Treatment	<u>12344</u>
Total (13)		<u>12368</u>

**TABLE VI**  
**Number of handicapped pupils examined in School**

Defect	Number of	
	New Cases	Re-exams.
Blind	—	1
Partially Sighted	19	38
Deaf	—	4
Partially Deaf	60	116
Delicate	35	90
Diabetic	13	28
E.S.N.	291	374
Epileptic	37	96
Maladjusted	5	10
Physically Handicapped	58	228
Speech Defect	2	19

**TABLE VII**

Medical Examinations at School Clinics	—	—	—	—	2632
Number of children examined for part-time employment—	—	—	—	—	589
Number of Special Reports completed on children examined at—					
Schools	—	—	—	—	191
School Clinics	—	—	—	—	292
Homes of Pupils	—	—	—	—	493
					976



## LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager.	Minor Ailment Doctor's Sessions E.N.T. Eye	1st Fri. a.m. 1st Fri., a.m. 3rd Fri. p.m. 1st Wed. a.m.
ALTRINCHAM	12, The Mount, Altrincham. 145, Park Road, Timperley 69 Station Bldgs. Altrincham 3a Market Street, Altrincham	Minor Ailment Doctor's Sessions Minor Ailment Doctor's Sessions Dental Speech Dental	Mon. a.m. (9-10 a.m.) 2nd & 4th Mon. a.m.* Wed. a.m. 1st & 3rd Wed. a.m.* * Tues. a.m. & p.m. *
BARNTON	Brunner School Barnton	Dental Eye	* 1st Thurs. a.m.
BEBINGTON	Council Offices, Bromborough. 218 Bebington Road, Bebington New Ferry Park, New Ferry The Rake, Eastham.	Minor Ailment Doctor's Sessions Speech Dental Minor Ailment Doctor's Sessions Eye Eye Dental	4th Tues. a.m. 4th Tues. a.m. Mon. a.m. & p.m. Wed. a.m. * Wed. a.m. Wed. a.m.* Thurs. a.m. 2nd & 4th Thurs. p.m. *
BOLLINGTON	Wellington Rd., Bollington, Macclesfield	Minor Ailment Doctor's Sessions Eye Dental	1st Tues. a.m.* 1st Tues. a.m.* 2nd Tues. p.m. *
BREDBURY	Lower Bents Lane, Bredbury.	Eye Dental	3rd, 4th & 5th Thurs. p.m. *
CHEADLE	Brookfield Wilmslow Road, Cheadle. Councillor Lane, Adswood, Cheadle	Minor Ailment Doctor's Sessions Eye E.N.T. Speech Lip Reading Classes. Minor Ailment Doctor's Sessions Speech Dental	2nd & 4th Mon. a.m.* 2nd & 4th Monday a.m.* Tuesday a.m. 1st & 3rd Mon. a.m. Thursday a.m. & p.m. Monday p.m. 2nd & 4th Fri. p.m. 1st Monday a.m.* 1st Monday a.m.* Wednesday a.m. Friday a.m. *
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme.	Eye	2nd & 3rd Thurs. a.m.

\*When required

Clinic	Address	Type of Clinic	Day held
CONGLETON	Nursery Lane Congleton	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Lip Reading Dental	Friday a.m.* 4th Friday a.m.* 4th Tues. p.m. 2nd & 4th Monday a.m. Monday a.m. 3rd & 4th Tues. a.m. *
CREWE	201 Edleston Rd., Crewe Ludford Street, Crewe	Speech  Minor Ailment Doctor's Sessions E.N.T. Eye  Paediatric Dental	Wednesday a.m. & p.m. Fri. a.m. Monday a.m.* 2nd & 4th Monday a.m. 1st Wed. p.m. 1st & 5th Fri. p.m. 3rd, 4th & 5th Wed. a.m. 3rd Fri. p.m. *
	Stalbridge Road, Crewe.	Minor Ailment Doctor's Sessions Eye  Paediatric Lip Reading Classes Dental	Tuesday a.m. 1st & 3rd Tues. a.m.* 1st Tues. p.m., 2nd & 4th Fri. p.m. 1st Friday p.m.  1st & 3rd Tuesday a.m. *
DUKINFIELD	King Street, Dukinfield	Minor Ailment Doctor's Sessions E.N.T. Eye Lip Reading Classes Dental	Tuesday a.m. Tuesday a.m.* 1st & 2nd Tues., p.m. 1st, 2nd & 4th Fri. p.m.  2nd & 4th Thurs. a.m. *
ELLESMERE PORT	Stanney Lane, Ellesmere Port.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech  Lip Reading Classes Dental	Thursday a.m. Thursday a.m.* 1st & 3rd Monday a.m. Friday a.m. Tuesday a.m. Thursday a.m. & p.m.  Wednesday a.m. *
FRODSHAM	The Rock Clinic, High Street, Frodsham	Eye  Speech Dental	4th Tuesday a.m. 2nd Wednesday a.m.  Friday a.m. *
GRAPPENHALL HALE	Springfield Avenue Grappenhall Lister House, 9 Broomfield Lane, Hale	Eye Minor Ailment Doctor's Sessions Eye  Lip Reading Classes Dental	1st Tuesday a.m. Friday p.m. 1st & 3rd Friday p.m.* 2nd Thursday p.m. 3rd, 4th & 5th Wed. a.m.  1st & 3rd Wed. p.m. *

\*When required.

Clinic	Address	Type of Clinic	Day held
HANDFORTH	The Green, Wilmslow Road, Handforth	Speech Minor Ailment Doctor's Sessions Eye	Wednesday p.m. 1st Monday a.m. 1st Monday a.m. To be arranged
HAZEL GROVE	253 London Road Hazel Grove.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Dental	2nd Tuesday a.m. 2nd Tuesday a.m.* 2nd & 4th Mon., a.m. 1st & 4th Thurs. a.m. Monday a.m. and p.m. *
HEALD GREEN	Queensway, Heald Green	Minor Ailment Eye Doctor's Sessions Dental	1st Wednesday a.m. 1st & 3rd Tues. a.m. 1st Wednesday a.m. *
HESWALL	Telegraph Road, Heswall.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	1st Tuesday p.m. 1st Tuesday p.m.* 1st & 3rd Friday a.m. Wednesday a.m. Mon. & Fri. a.m. *
HOLLING- WORTH	Wedneshaugh Green, Hollingworth.	Minor Ailment	Tuesday p.m.
HOYLAKE	Broomfield, Meols Drive Hoylake	Minor Ailment Doctor's Sessions Eye Speech Dental	Friday (9-10 a.m.) Friday a.m.* 1st, 2nd & 4th Mon. a.m. Thursday a.m. and Monday a.m. *
HYDE	Reform Club Buildings Market Place, Hyde.	Minor Ailment Doctor's Sessions Eye (Specialist) Speech Lip Reading Classes Dental	Monday a.m. Monday a.m.* 1st Tues. a.m. 3rd Fri. p.m. Wednesday a.m. & p.m. Thursday a.m. 1st & 3rd Thursday p.m. *
KNUTSFORD	County Offices, Bexton Road, Knutsford.	Minor Ailment Doctor's Sessions Eye Speech Lip reading Dental	4th Thursday p.m. 4th Thurs., p.m. (Alt. months) 1st Thursday p.m., 4th Tuesday p.m. Tuesday a.m. 1st & 3rd Monday p.m. *
LITTLE SUTTON	Chester Road, Little Sutton.	Speech Lip Reading Classes Dental	Wednesday p.m. Friday p.m. *
LYMM	29, Eagle Brow, Lymm	Minor Ailment Doctor's Sessions Eye Dental	Wednesday a.m. 2nd Wednesday p.m. 2nd & 5th Thurs. p.m., 1st Thursday a.m. *

\*When required.

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MACCLESFIELD	Hurdsfield House Brocklehurst Ave., Macclesfield. Pierce Street, Macclesfield	Lip Reading Classes Dental Minor Ailment Doctor's Sessions E.N.T. Eye	1st & 3rd Friday p.m. * Friday 9-15-10 a.m. Friday a.m.* 3rd Monday p.m. 1st Monday p.m. 1st, 3rd & 4th Tuesday p.m., 4th Thurs. a.m. *
	52 Bridge St., Macclesfield. Sanders Square, Macclesfield.	Dental Speech Dental	Tuesday a.m. & p.m. and Friday a.m. *
MARPLE	Stockport Road, Marple.	Minor Ailment Doctor's Sessions Eye	Wednesday a.m.* Wednesday a.m.* 1st, 3rd 4th & 5th Tues., p.m.
		Speech Dental	Thursday p.m. *
MIDDLEWICH	The Priory, 85 Wheelock St., Middlewich	Eye Dental	3rd Tuesday p.m. *
		Minor Ailment Doctor's Sessions	1st Thurs. a.m. (alt. mths) 1st Thurs. a.m. (alt. mths)
NANTWICH	The Dowery, Barker Street, Nantwich.	Minor Ailment Doctor's Sessions Eye	2nd & 4th Mon. a.m.* 2nd & 4th Monday a.m.* 2nd, 3rd, 4th & 5th Thurs. & 5th Tues. a.m. & p.m.
		Speech Lip Reading Classes Dental	Tuesday p.m. 2nd & 4th Wed. p.m. *
NESTON	Mellock Lane Neston.	Minor Ailment Doctor's Sessions Eye Dental Speech	2nd & 4th Tuesday a.m. 1st Tuesday a.m.* 2nd & 4th Monday p.m. * Tuesday a.m.
NORTHWICH	Parkfield, Middlewich Rd., Northwich.	E.N.T. Eye	3rd Wednesday p.m. 1st, 2nd & 3rd Thurs. a.m. 1st Friday p.m. *
	Darland House, Winnington Hill, Northwich	Dental Lip Reading Classes Paediatric Speech	Tues. & Thurs. a.m. 4th Monday p.m. Monday a.m. & p.m. Tuesday a.m. *
		Dental	

\*When required.



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PARTINGTON	Central Road, Partington	Eye Speech Lip Reading Classes Dental	1st & 2nd Wed. a.m. Monday p.m.  1st & 3rd Monday a.m. *
POYNTON	Park Lane, Poynton.	Minor Ailment Doctor's Sessions E.N.T.  Eye Dental	3rd Tuesday p.m.* 3rd Tuesday p.m.* Even Months, 2nd Wed. p.m. 2nd Tuesday p.m. *
RUNCORN	34, Halton Road, Runcorn	Doctor's Sessions Eye Speech Lip Reading Classes Dental	2nd Friday a.m.* Tuesday p.m. Monday a.m. & p.m.  Tues. & Thurs. p.m. *
SALE	70, Chapel Road, Sale	Minor Ailment Doctor's Sessions Eye Speech  Lip Reading Classes Dental	Wednesday a.m. Wednesday a.m.* 1st, 3rd & 5th Mon. a.m. Mon. a.m., Thurs. a.m. and p.m.  1st & 3rd Wed. a.m. *
SALE	Meadway, Sale	Eye	2nd & 4th Monday a.m.
SANDBACH	Platt Avenue, Sandbach.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Lip Reading Classes Dental	3rd Friday a.m. 3rd Friday a.m.* 1st Monday p.m. 2nd, 3rd & 4th Mon. p.m. Thursday p.m.  1st & 3rd Friday a.m. *
STALYBRIDGE	20 Stamford St. Stalybridge	Minor Ailment Doctor's Sessions Eye Speech Dental	Monday a.m. Monday a.m.* 2nd, 3rd & 4th Tues a.m. Friday a.m. & p.m. *
STOCKTON HEATH	65 Whitefield Rd., Stockton Heath	Eye Speech Dental	4th Tuesday p.m. Wednesday a.m. & p.m. *
TARPORLEY	Community Centre, Tarporley	Eye	3rd Friday p.m.
UPTON	Weston Grove, Upton	Minor Ailment Doctor's Sessions Eye Speech	1st Tuesday a.m.* 1st Tuesday a.m.* 2nd Tuesday a.m. & p.m. Fri. a.m. & p.m.

\*When required.

Clinic	Address	Type of Clinic	Day held
WEAVERHAM	Church Lane, Weaverham	Minor Ailment Eye Speech Dental	Friday a.m. 3rd Friday p.m. Thursday a.m. & p.m. *
WILMSLOW	3, Chapel Lane, Wilmslow	Minor Ailment Doctor's Sessions Eye Speech Dental	Thursday a.m. 1st Thursday a.m.* 1st & 3rd Tuesday a.m. Wednesday a.m. *
WINSFORD	98 Weaver Street, Winsford	Minor Ailment E.N.T. Eye  Speech Dental	2nd Fri. (2-2-30 p.m.) 3rd Tuesday p.m. 3rd & 4th Thurs. p.m. 2nd Tuesday p.m. Thursday a.m. *

\*When required.